

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10644514

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP
101	/			
2				
3				
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48				
49				
50				

TOTAL

IND

DEP

TOTAL

IND

DEP

TOTAL

CLAMS

104

TOTAL IND

TOTAL DEP

TOTAL

CLAMS

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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	IND	DEP	IND	DEP	IND	DEP
1						
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43	1					
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46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND						
TOTAL DEP						
TOTAL CLAIMS						